


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted Denali Commission - ARMC Renovation		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0053 - DC - 2002 - I6		OMB Approval No. 0348 - 0038	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) South East Alaska Regional Health Consortium 3245 Hospital Drive Juneau, AK 99801						
4. Employer Identification Number 92 - 0056274		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 4/1/2002		To: (Month, Day, Year) 3/31/2007		Period Covered by this Report From: (Month, Day, Year) 4/1/2005		To: (Month, Day, Year) 10/21/2005
10. Transactions:		I Previously Reported		II This Period		III Cumulative
a. Total Outlays		2,659,139.01		222,923.77		2,882,062.78
b. Recipient Share of outlays		846,601.40		178,156.34		1,024,757.74
c. Federal Share of outlays		1,812,537.61		44,767.43		1,857,305.04
d. Total unliquidated obligations						0.00
e. Recipient share of unliquidated obligations						0.00
f. Federal share of unliquidated obligations						0.00
g. Total Federal share (Sum of lines c and f)						1,857,305.04
h. Total Federal funds authorized for this funding period						1,857,387.00
i. Unobligated balance of Federal funds (lines h minus g)						81.96
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 6.50%	c. Base 1,513,723.08	d. Total Amount 98,392.00	e. Federal Share 98,392.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <div style="display: flex; justify-content: space-between;"> 1,513,723.08 6.50% 98392 </div> <div style="display: flex; justify-content: space-between;"> 168,040.72 0.00% 0 </div> <div style="display: flex; justify-content: space-between;"> Total Indirect 98,392.00 </div>						
* Grant was budgeted for indirect of 98,392.00 all other expenditures collected no indirect.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Carolee Martin Lead Grant Accountant				Telephone (Area code, number and extension) (907) 463 - 4062		
Signature of Authorized Certifying Official 				Date Report Submitted 10/28/2005		